

UNITED STATES BANKRUPTCY COURT  
EASTERN DISTRICT OF WASHINGTON

Case Name: \_\_\_\_\_

Case Number: \_\_\_\_\_

**APPLICATION FOR AWARD OF COMPENSATION FOR SERVICES RENDERED  
AND REIMBURSEMENT OF EXPENSES PURSUANT TO 11 USC 330, AND FOR  
APPROVAL OF THE PAYMENT OF BANK FEES**

Name of Applicant: \_\_\_\_\_

Position of Applicant: \_\_\_\_\_

Application Number: \_\_\_\_\_ ☐ Interim ☐ Final

The undersigned applicant applies to the court for an award or allowance of compensation for services rendered and for reimbursement of expenses incurred in the above entitled case pursuant to 11 USC 330 (or USC 331 if an interim application), and for approval of the payment of bank fees pursuant to sections 363 and 503(b). This application is supported by the following information and attached documents.

- I. (If applicant is employee of trustee, debtor in possession or creditors committee)  
Date of Entry of Order Approving Employment: \_\_\_\_\_
- II. Dates Covered by this Application: \_\_\_\_\_ to \_\_\_\_\_
- III. The name, position, hourly rate, total time spent and amount requested for all compensation for services rendered by each person covered by this application, in connection with this case, is as follows (if this is the **FIRST** Application, include **ALL** time and amounts, both pre- and post-petition in this Application):

Name	Position	Hourly Rate	Total Time	Amount Requested
		\$		\$
		\$		\$
		\$		\$
		\$		\$
		\$		\$
		\$		\$
<b>Totals</b>				\$

- IV. Total amount of REIMBURSEMENT of expenses requested by this application in connection with this case [if this is the **FIRST** Application, include **ALL** costs (including filing fees), both pre- and post-petition]: \$ \_\_\_\_\_
- V. Total of Compensation and Reimbursement requested: \$ \_\_\_\_\_

- VI. *(If applicant is a trustee)* The maximum amount of compensation allowable under 11 USC 326(a) is: \$ \_\_\_\_\_.
- VII. *(If applicant is an employee of trustee, debtor in possession or creditors committee).* All compensation for services rendered and reimbursement of expenses incurred for which award is sought were necessary to the administration of the case, beneficial to the estate, and does not include any unnecessary duplication of services.
- ☐ Yes      ☐ No      ☐ N/A      *(If answer is NO, attach an explanation.)*
- VIII. *(If applicant is the attorney for the debtor)* All compensation for services rendered and reimbursement for expenses incurred for which award is sought for representing the interests of the debtor(s) were necessary and beneficial to the debtor(s) in connection with the case.
- ☐ Yes      ☐ No      ☐ N/A      *(If answer is NO, attach an explanation.)*
- IX. Compensation or reimbursement previously received has been shared with another entity, or an agreement or understanding exists between the applicant and any other entity for sharing of compensation received or to be received for services rendered in or in connection with this case, except as a member or regular associate of a firm of lawyers.
- ☐ Yes      ☐ No      *(If answer is YES, attach an explanation.)*
- X. Attached to this application, and made part of this application are the following supporting documents:
- a. ☐ Statement of Money or Property Received or Promised Other than by Applicant *(required in all cases, LF 2016A);*
  - b. ☐ Summary Supporting Application for Compensation for Services or Reimbursement of Expenses *(required in all cases, LF 2016B);*
  - c. ☐ Itemization of Services Rendered *(required; itemization must be by project category if cumulative compensation exceeds \$10,000);*
  - d. ☐ Itemization of Expenses *(required);* and      **Expenses not requested.**
  - e. ☐ Narrative Summary *(required if cumulative compensation exceeds \$10,000, LF 2016C).*
- XI. Bank Fees: \$ \_\_\_\_\_

The undersigned Applicant states under penalty of perjury that the representations contained in this application and attachments are true and correct to the best of the applicant's knowledge and belief.

DATED: \_\_\_\_\_

\_\_\_\_\_  
*(Signature of Applicant)*

Name: \_\_\_\_\_

Position: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_